All. n. 2 Agreement to the processing data

AGREEMENT

I, the undersigned

Born in

Resident in

Taken note of the Disclosure given by the Processing Holder/by the Processing Data Responsible, according with art. 7 and 13 of the Code in field of Protection of Personal Data (D.Lgs 30/6/2003, n. 196);

aware that the authorized treatment will concern also “sensitive data” as seen in the art. 4 od D.Lgs n. 196/2003 and in particular personal data suitable to reveal the health status;

I GIVE MY CONSENT TO THE SENSITIVE DATA TREATMENT

- For diagnostic, therapeutic, rehabilitative, prevention aims
- For statistic aims
- For epidemiologic aims and of research (whose results will be made known without you would be recognized) yes no

I GIVE MY CONSENT TO THE GENETIC DATA TREATMENT

- For diagnostic, therapeutic, prevention and possible expert forensic report request by the undersigned yes no

Date ../../…. Legible signature patient (or of the legal representative)

Stamp and signature of the operator that get the form _____